5)	N. B.—WRITE PLAINLY, LTH UNFADING INK—THIS IS A PERMANI RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
NDIN	RMANI X A C T classified
FOR BI	IS A PE stated E properly ertificate
MARGIN RESERVED FOR BINDIN	AGE should be that it may be possible on back of c
MARGIN	TH UNFADIN lly supplied. A
70.1	WRITE PLAINLY, THE UNFADING INK.—THIS IS A PER mation should be carefully supplied. AGE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.
V. S. No. 1	z.

		STATE (OF MARY	YLAND-	CERTIFICATE OF DEATH	6000	
1.	PLACE OF	DEATH			<u> </u>	10400	
	LOUINTY	arrett			Registration Dist. No. 164		
		ty Accident			NoSt.,death occurred in a hospital or institution, give its NAME instead of street and nu	mber)	
	Length of resid	dence in city or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.	
2.	FULL NA	ME Stil	Chorn 7.	3 ouser	Z		
	(a) Residence				St., Ward.		
	(a) Nesidein	Le. No	(Usual place	of abode)	If nonresident give city or town and S	tate	
annuar and	PERSON	AL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SE	Male	White	5. SINGLE, MARI OR DIVORCEI	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH August 30, (Month) (Day)	193 4 (Year)	
5a. I	f married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I attended do		
	La Contraction		ugust 30	1934	1 last saw h alive on ,19, 19		
7. A		monen, day, a d year,	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
NOI	8. Trade, profes kind of v SAWYER,	profession, or particular d of work done, as SPINNER, WYER, BOOKKEEPER, etc		ormin.		Aug. 27	
OCCUPATION	9. Industry or work was SAW MIL	business in which s done, as SILK MILL, L, BANK, etc					
000	this occu	ed last worked at pation (month and	11. Total t spa oca	ime (years) nt in this upation	Other Contributory Causes of importance:		
12.	BIRTHPLACE (ci		and		A fall off of fence, by mother	Aug.2 1934	
ER	13. NAME C	harles R.	Bowser				
FATHER	14. BIRTHPLACE	(city or town) Mary	land		Name of operation Date of Date of What test confirmed diagnosis? Was there an au	l'onsy?	
02	15. MAIDEN NA		M. Burkh	ard	23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER		E (city or town Maryl-			Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	, 19	
17. INFORMANT Charles Balliser (Address) accept a ma					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMA	TION, OR REMOVAL			Manner of injury		
	Place		Date		- Nature of injury		
19.	UNDERTAKER (Address)		-0 N		24. Was disease or injury in any way related to occupation of deceased?	No	
20.	FILED Chary	31. , 19 H	191 Ere	Solec Registrar.	(Signed) Friendsville, Md.	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11.00	Example II	
The principal cause of dcath and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
	1915		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	08233
1. PLACE OF DEATH	0	- (10)	0000
County Sevanto	Darrett	Registration Dist. No.	29
Village or City Sevant	on	ND	Ward
Langth of residence in city town where death		death occurred in a hospital or institution, give its NAME instead of street and ds. Hew long in U.S. if of foreign birth?	
2. FULL NAME EVERET	1 Jama	Bray	
(a) Residence: Np.	c Silvina	St. Ward/	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town ar	nd State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cing. 9th. (Day)	, 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year)	+ 12, 1932	I last saw harmalive on alive on 1934	chi death is said
7. AGE Years Months	Days M LESS than	to have occurred on the date stated above, at	
1 10	27 I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance wera as follows:	Data of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	facit	Cholora Gantim	En Data of Onion
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	// 		
10. Date deceased last worked at this occupation (month and year)	II. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) Sura (State or country)	uton	Other Coatributory Causes of importance:	
13. NAME CERET BEUK	amia Bray		
13. NAME COLUMN SULLA 14. BIRTHPLACE (city or town)	utox /	Nama of operation Date of	
(State of country)	01	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME CELL CONTROL 16. BIRTHPLACE (city or town)	se feek	23. If death was dua to external causes (VIOL ENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town) (State or country)	vuy	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Exercit 13. 1	Bray	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
I8. BURIAL, CREMITION, OR REMOVAL	vioa I .	Manner of injury	
Revenue and Property	Date 8/12 , 1934	Nature of injury	
19. UNDERTAKER B. 7 Shar (Address) Black , W	pless	24. Was disease or injury in any way related to occupation of deceased? If so, specify	3-/
20. FILED aug. 10 , 1934 alle	M. ashly Registrar.	(Signed) (Address) (Address)	er, me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Guisiones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE	OF	MARYL	AND-	CERTIF	CATE	OF	DEATH
	- 1	TARK CR C A					

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7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME Advance June 1 14. BIRTHPLACE (city or town) Name of operation Oate of	
(If death occurred in a hospital or institution, give its NAME instead of street and dength of residence in city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth? yrs, no. ds. How long in U.S. if of foreign birth? Yrs, no. ds. How long in U.S. if of foreign birth? Yrs, no. ds. How long in U.S. if of foreign birth? Yrs, no. ds. How	52
(a) Residence: No. (Usual place of abode) St., Ward. (Example of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 LESS than 1 day, how as done, as SPINER, SAWYER BOOKKEPER, etc. S. STrade, profession, or particular mind of work done as SPINER, SAWYER BOOKKEPER, etc. 9. Industry or business in which work was done, as SINKER, MILL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SINKER, so where at this occupation (month and was so worked at this occupation (month and was solved at this occupation (was solved at this occupation (
(a) Residence: No. (Usual place of abode) (If nonresident give city or town and mediate give city or town and mediate place of the place of	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) AND DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 LESS than 1 day. hrs. or. min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BAHK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) Name of operation. Name of operation. Oate of Name of operation. Oate of	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Albertal A	nd State
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Warman Deurt 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than 1 day, hrs. or min, 1 day, hrs. or min, 2 or min, 2 or min, 3 or min, 4 or min, 4 or min, 4 or min, 4 or min, 5 or min, 5 or min, 5 or min, 5 or min, 6 or min, 7	
HUSBAND of (or) WIFE of Alaman Deut. 6. DATE OF BIRTH (month, day, and year) The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work as done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) spent in this year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME Alaman Jaman (Oate of Jaman) (Oate of Jam	193 3 4 (Year)
AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) (Stata or country) 11. Total time (years) spent in this occupation (Stata or country) 13. NAME Advanced Turned Name of operation Oate of	ed deceased from
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Other Coutributory Causes of importance: 13. NAME JALLIA JULIAL 14. BIRTHPLACE (city or town) Oate of	#; death Is sai
12. BIRTHPLACE (city or town) (State or country) 13. NAME JALIAN JALIAN 14. BIRTHPLACE (city or town) Name of operation Oate of	y
13. NAME Ja Shewa June 1 14. BIRTHPLACE (city or town) Oate of Operation Oate Oate Oate Oate Oate Oate Oate Oate	
14. BIRTHPLACE (city or town) Oate of Operation	
What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Construction of the following Accident, suicide, or homicide? Date of injury occur? 16. BIRTHPLACE (city or town) Pa Accident, suicide, or homicide? Date of injury occur? 17. INFORMANT Parlera E Jenner Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19 State)
18. BURIAL, CREMATION, OR REMOVAL Place Burial, Constant Date Giving 27, 1924. Nature of injury.	
19. UNDERTAKER Alma Almalely 24. Was disease or injury in any way related to occupation of deceased? (Address) your famille did to occupation of deceased? If so, specify we alked Von Out 20. FILEO Aug 1934 (Signed) Hoothings me	no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	(Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Data of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	7 70
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. INENT RECORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PER WRITE PLAIN

No. 1 70 >

PLACE OF DEATH County Sarrel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 6
Village or City Grantsvelle (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Single Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH August 25, 1934 August (Month) 2.5 (Day) 1934 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1975	that I last saw halive on, 192,
7 AGE 18 yrs. 10 mos. 6 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work 18 OCCUPATION (b) Trade, profession or particular kind of work	Committee of the commit
(b) General nature of industry business, or establishment in hich employed or (employer) 9 BIRTHPLACE (State or country)	automobile collided with a truck, loaded with locust Posts accident due to foggy condition.
10 NAME OF FATHER Downard B Durate	(Signed) Enos J. Holl Justice of the Faces D. 192. (Address)
OF FATHER Z (State or country) Maryland.	*State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Swindel Homestale
12 MAIDEN NAME OF MOTHER Sarah M Fresh 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place filled outright. In the State yrs mos. ds.
(Informant) Wisself Durit	Where was disesse contracted on Bouto 40 seven milan treat of it not at place of deals. On Bouto 40 seven milan treat of Former or grantwille, in Barrett County maryland, usual residence
(Address) Fart Hill. Pg.	19 PRACE OF BURIAL OR REMOVAL. Aller Date OF BURIAL ADDRESS ADDRESS
Filed fing 2 193 4 Registral Registral If more b.anks are needed, addre.s.tate Negistral	With Writerberg Grantwille Ma r, 18 W. Saratoga St., Balto., Dequesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salcsmon, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Form loborer, Laborer—Coal mine, etc. Womwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foremon, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile foctory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Echaustion," "Heart failure," "Haemorrhage," causing Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. valvular heart diseose; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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0	0	4	0	

	LACE OF			(57-C)	m 11 12 1	Dist. No. /	6/
	County Village or Cit	7		Nodeath occurred in a horpital or institut		St., Sinstead of street and	number)
2. F	TULL NAM	ME Donora	1 trend	St. Ward.			
	(a) Residence	ce: No	(Usual place of abode)	St.,	If nonresident	give city or town an	d State
	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX Ferre	ele	4. COLOR OF RACE	5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	2 (Day)	193/ (Year)
HU	narried, widowe USBAND of or) WIFE of	ed, or divorced	0. 17/ 1931	July 17th	CERTIF	Y, That I ettended	19.24
6. DAT		month, dey, and year) for months	Days If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were es follows:		es of Importance	Date of onset
OCCUPATION	kind of w SAWYER, Industry or I work we SAW MIL D. Date decease this occur year)	Land	11. Total time (years) spent in this occupation	Jeckage Other Contributory Canses of Impo	The a	f	
- I	RTHPLACE (cit (State or coun 3. NAME		co mid	-			
¥ 14	BIRTHPLACE		H hid	Name of operation			
MOTHER 19	(State or	THE C	Transfer	What test confirmed diagnosis? 23. If death was due to external ca Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred I	(Specify city or	Date of injury	ng: , 19
19. UN	(Address) RIAL, CREMAT Place Place (Address)	Tone or REMOVAL THE	Date aug 2 nd 19 to 19 t	Manner of Injury Nature of injury 24. Wes disease or injury in any of the second of			
∠0. FIL	LEDULG	D,107	Registrar.	(Address) 7	endor	ele 71	rj.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF	F DEATH				<u> </u>	
County	Garrett				Registration Dist.	No. /6/
Village or C	ity Fearer,	Md.,			No	St.,Ward
Longth of you	dones in situ or town who	are death sees	urrad		death occurred in a hospital or institution, give its NAME instr ds. How long in U.S. if of foreign birth?	
	ME JOYCE !	graine	L.EE.	lena		
(a) Residen	ice: No.	(U	sual place	of abode)	St., Ward.	city or town and State
PERSON	AL AND STATE	STICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
sex Female	4. COLOR OR RACE White	OR I		RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH Stillborn.	(Day) 7 (Year)
a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced				22. HEREBY CERTIFY, Stillborn 19 to Sti	That I attended deceased from
DATE OF BIRTH	(month, day, and year)	Aug.	24.	1934.	t last saw h alive on Stillborn	, 19; death is said
AGE Yes	ars Months		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at St111 The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	importance
8. Trade, profe	ession, or particular work done, as SPINNER, BOOKKEEPER, etc.	x		1 01	Marginal Placentia Pres	Date of onset
9. Industry or	business in which is done, as SILK MILL, LL, BANK, etc	x				
10. Oate deceas	sed last worked at upation (month and		sp3	time (years) ent in this upation		
12. BIRTHPLACE (c (State or cou	10 Cm an	land			Other Contributary Causes of Importance: Premature detachment of	Placentia
	hauncy M.		nd,			
-	E (city or town) Mar				Name of operation	Date of
	AME Olive Ma		lend		23. If death was due to external causes (VIOLENCE) fill in	The Free Control of the Control
16. BIRTHPLAC	F (eity or town)	ryland			Accident, suicide, or homicide? Oate Where did Injury occur?	
17. INFORMAN (Address)	rauncey	m	As	iend	(Specify city or tow. Specify whether injury occurred In INOUSTRY, in HOME,	
18. BURIAL, CREMA	JION, OR REMOVAL	Oate.	8/	25/,19.39	Manner of injury	
19. UNOERTAKER	A. M. Son	2230	1	mid.	24. Was disease or injury in any way related to occupation	of deceased? NO
20. FILEO aug	24,1934	lean	net	Le Staller Registrar.	(Signed) M. O. Medree (Address) Friends ville	M. D.
-	Yf:	more blanks a	re needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 2 -
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH #8235
1. PLACE OF DEATH	1//
County Yarsell	Registration Dist. No. / 6 6
Village or City Lock Lynn los	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Lucy Virainia	Leonge
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Femal while Warriethe word	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
moch Hearge	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 3.00 G_m.
31 7 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fewows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	/ herennan Terlescon
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, atc	Carrie Verlescalary
this occupation (month and spent in this occupation year)	
Makla d	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Auch Perce	
4 14. BIRTHPLACE (city or town)	Nama of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Ida Sembowee	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16, BIRTHPLACE (city or town) Oll Park,	Accident, suicide, or homicide?, Date of injury, 19,
(State or country)	Where did injury occur?
17. INFORMANT 2 See Coopies	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chi ale Rell Data Cle 926, 1934	Nature of injury
19. UNDERTAKER FIRESCHE D. Boldes	24. Was disease or injury in any way related to occupation of deceased?
(Address), Coalfland, Md	If so, specify
20 (FILE SCART 26 1934 Julia Rowan	(Signad) . I avaluate A. M. D
Registrar.	(Address) Oanson Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDIT	TIONAL SPACE	FOR FURTHER	STATEMENTS BY	PHYSICIAN	

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Exact statement

stated EXACTL properly classified.

certificate.

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See instructions on back

it may

CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

TION is very important.

AGE should

-WRITE PLAINLY

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STATE OF MARYLAND—CERTIFICATE OF DEATH PHYSICIANS should state OCCUPA-

STATE OF MARYL	AND—CER	TIFICATE (OF DEATH	08240
1. PLACE OF DEATH		210-ma		1//
County Garrett			Registration Dist. No.	166
Village or City Oakland, Md.	Nd.			St.,Ward
Length of residence In city or town where death occurredy			on, give its NAME instead of foreign birth?yrs.	
2. FULL NAME Clarence C. Kenda	1		0 0 0 0	ct
(a) Residence: Np. 304th • Co • CCC (Usual place of obc	St.,_	Ward.	If nonresident give city of	town and State
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CE	RTIFICATE OF DI	EATH
3. SEX 4. COLOR OR RACE OR DIVORCED (2010) W Aungle	vidowed. 21. DA	TE OF DEATH	A 31'' (Month) (Day)	, 193 // (Year)
5a. If married, widowed, or divorced HUSBAND of				
Som Work of George Kendall	22.		CERTIFY, That 1934, to Wyg. 31	
6. DATE OF BIRTH (month, day, and year) Sept. 30.19		/	when Jarris	
7. AGE Years Months Days	LESS than to have d	occurred on the date stated	above, at 10. 30 P.m.	
	y,hrs. The PRII	NCIPAL CAUSE OF DEATH	and related causes of import	
8. Trade, profession, or particular kind of work done, as SPINNERMember of C. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL 304th Co. SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) occupation occupation	C.C. Corresponding Ring	upuund fl C. Umlulan a Pun Pun		Date of enset
12. BIRTHPLACE (city or town) Smithsburg, Md. (State or country)	Dther Co	ntributory Causes of import	110.1	
13. NAME George Kendall				
13. NAME George Kendall 14. BIRTHPLACE (city or town) Unknown (State or country)			Was	
ដ្ឋ 15. MAIDEN NAME Unknown			es (VIOLENCE) fill in also the	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)	Accident		CLALOCK Date of inju	
17. INFORMANT C.M. Shuster Capt. CA- (Address) 304th. Co. CCC			(Specify city or town, coun INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Smithsburg, Nd. DatSept. 4,	Manner of Nature of			
19. UNDERTAKER EMPLY Bolding	24. Was di	./	y related to occupation of dec	eased?
20 Fleo pot 3 1934 Julia Korv	(Sig	ned) Henry U	1. // (b) 11las.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH
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- 11	A	2	61	- 1
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1.	PLACE OF DEATH		<u> </u>	,041.
	County Garrett Village or City Friendsville, Md.,		NDSt.,	
2.	FULL NAME Stallsons Misne	Q		
	(a) Residence: No. (Usual place of abode)		St., Ward. If nonresident give city or town and St	ate
	PERSONAL AND STATISTICAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH	
3. S	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	OWED, e word)	21. DATE OF DEATH August 30, (Month) (Day)	193
5a. I	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended de	
7. A	GE Years Months Days If LE 1 dey, or or particular	.934 . SS thanhrs.	to have occurred on the date stated above, et	
OCCUPATION	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation		Dther Contributory Causes of importance:	19.
12.	BIRTHPLACE (city or town) (State or country) Maryland	•••••	Fall from Automobile	8-23-34
FATHER	13. NAME Melvin Kisner 14. BIRTHPLACE (city or town) (State or country) Virginia		Name of operation Date of Whet test confirmed diagnosis? Was there an au	opsy?
MOTHER	15. MAIDEN NAME Alyce Albright 16. BIRTHPLACE (city or town) (State or country) Maryland		23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?	æ, 19
	INFORMANT Melvie Kesser Mel.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
18.	Place Home Date dug 30	. 1934	Manner of injury	
	UNDERTAKER William Numbers (Addiess) Francisco Star FILED My 30, 1934 Jeannelle Sta	The Registrar.	24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) Friendsville Md	M. D,
	If more blanks are needed, address Stal	te Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	20.5 272

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. -

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

- Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU C. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

40-			
48			
	4		

certificate.

TION is very important. See instructions on back of

-WRITE PLAINLY

1. PLACE OF DEATH	(/31)
County Sarrett	Registration Dist. No. 7-166
Village or City Oakland	No. St., Ward
Length of residence in city or town where death occurred 23 _yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrs,mosds
2. FULL NAME WM H Kithmiller	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (perite the word) Willawig	21. DATE OF DEATH (Month) (Day) (Year)
52. If married, widowed, ox. divorced HUSBAND of (or) WHEE of are. am Backtel	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) See 18th 1854	I last saw h alive on Oun 3 , 1934; death is sain
7. AGE Years Months Days If LESS than	The state of the date of the date of the state of the sta
79 7 17 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic interstities nephritis.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Duration : for years. Geograp.
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Dalelin W.Va (State or country) in Samuel Co and	Other Contributory Causes of importance:
	- Game Bulleriles
13. NAME (MPB 14. Stigmiller Sr 14. BIRTHPLACE (city or town) Many Land	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elis abeth Communas	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or country)	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	/ Manner of injury
Place January / 9 Date any 6,193	Nature of injury
19. UNDERTAKER Trong Bolden (Address) Caklatral Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILEbug. 6, 19 34 Julia Powar. Registrat.	(Signed) P. J. Oras evaluation M. (Address) Par land mil
	at, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08243
1. PLACE OF DEATH	95-E) // // //
County Sarrett	Registration Dist. No. 76 6169
Village or City Ween Yank //	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME albert L. Lee	
(a) Residence: No. Oakland. Md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a, If married, widowed, or divorced HUSBAND of & Llew 9. Rec	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) 786. 5, 1870	I last saw h alive on Que 12 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
64 6 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent In this	Ny butunes Carlie Vosener Sugar
9. Industry or business in which work was done, as SILK MILL,	Central Henry Lyca
SAW MILL, BANK, etc	Chame Parist Caragestines
O ID. Data deceased last worked at this occupation (month and year)	
Japan Court	Other Contributory Causes of Importanca:
(State or country)	
13. NAME abrahamy Lee	
13. NAME Wrahary Lee 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susau W. Durit 16. BIRTHPLACE (city or town). Links room (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
o 16. BIRTHPLACE (city or town) UNP	Accident, suicide, or homicide? Data of injury, 19
(State of County)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Causes a second (Address) Oakland Mol.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Date Charles 4, 1924	Nature of injury
19. UNDERTAKER Emray Bollin	24. Was disease or injury in any way related to occupation of deceased?
(Address) Oak Kung Ma	(Signed)
20. FICEDUS / F., 193 F Mo G G WELLY Register.	(Signed)

INCOME.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 weck ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cercbral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08244
1. PLACE OF DEATH	(48)
County I cult	Registration Dist. No. 170
Village or City Cerillon	NoSt.,Ward
Length of residence in city or town where death occurred 22 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nachel & Risabeth 4	Remee
(a) Residence: No. Willon Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Heurale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Months) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of ASEMS MC Neuriel	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Was 24 1890	Vlast sawh 11 elive on 2 1 1934; death is sald
7. AGE Yeers Months Days It LESS then	to have occurred on the dete steted above, et
44 6 4 1 day,hrs.	ware to follow:
9 Trade explanation or earliester	Date of onset
9 Industry or husiness In which	- All Clarence
work was done, as SILK MILL, SAW MILL, BANK, etc	-
O 10. Deta deceased lest workad at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country)	
13. NAME Charles Fringel	
13. NAME Solarles Hingel	Nama ot operation
(State of Country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mallie of ersteman 16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT ASEA W. Kunzei (Address)	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place At Civis Date Coug 9/ 1934	- Nature of Injury
19. UNDERTAKER Um Manter Social (Address) Regardent Social	24. Was diseese or injury In any way releted to occupation of deceesed?
20. FILED ang 30, 19 Beo B Brown	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

B.

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	08245
1. PLACE OF DEATH		93-8	1.1
County Variety	<u> </u>	Registration Dist. No.	60
Village or City Oaklou	X	NoSt.,	Ward
Length of residence in city or town where death occurred	(lf yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and ds. Alow long in U.S. if of foreign birth?	
2. FULL NAME Belle y	Mes	Robie	
(a) Residence: No.		St., Ward.	
(Usual place		If nonresident give city or town a	
PERSONAL AND STATISTICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
	D (write the word)	21. DATE OF DEATH. Aug 3/ (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Rollio	22. / I HEREBY CERTIFY, Thet I attende	ed deceased from
Det 1	1911	last saw has alive on 24 29 193	11 1934
6. DATE OF BIRTH (month, dey, and year)	If LESS than	to have occurred on the date steted above, at	, death is said
17 4 10 BO	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER	-16	were as follows the state of th	Oate of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation grounds and the second state of the s	Leiper	ļ	
- I this occupation (month and	ime (years) nt in this		
12. BIRTHPLACE (city or town)	Upation	Other Contributory Causes of importance:	
(Stete or country)		Chrone Myocardets	
13. NAME Les Ma	in		
13. NAME 14. BIRTHPLACE (city or town)	ugen	Name of operation Dete of	
(State of country)	0-10-	Whet test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME Margaret	olelan	23. If death was due to external causes (VIOLENCE) fill in also the follow	Ing:
15. MAIDEN NAME MC 1911	quice	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	0	Where did injury occur? (Specify city or town, county and S	Diate)
17. INFORMANT (Address)	e jud	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	tos	Manner of injury	
Place Carlo Date Date Date Date Date Date Date Date	24. 5, 19.2.4	Nature of injury	
19. UNDERTAKER TO A D. 1/2	sole	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Cake	d;	If so, specify	
20. FRED Jot 1 , 1934 Julia Ro	wan)	(Signed) (Address) Carr Level (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Date of onset 1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

No. 1

10

PLACE OF DEATH County Yard	STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No. 16
Village or City ysantsmille (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	16 DATE OF DEATH 25, 1984. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from aug 2 2 1,1924 to aug 2 2 1,1924 that I last saw h Malive on aug 2 5 , 1954
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 6,100 pm. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (state or country)	one mile east of Granteville, Garrett County, da. Contributory Secondary Contributory Contribu
10 NAME OF FATHER Myson Percy 11 BIRTHPLACE OF FATHER (State or country) Nat Jenouer	(Signed) Duration M. D. (Signed) M. D. (Signed) M. D. (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) Of Mother OF Mother OF Mother OF Mother OF Mother OF Mother	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients er Recent Residents) At place of deathyrsmosds.
(Informant) Chiel K Prey (Address) Lemberland Ald	Where was disease contracted, if not at place of deah? On Mational Highway . Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Aug 29, 1984
Filed Aug 28 1934 6 7 HOLL Registrar	Mm Mintelleg yrontaselle

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Mcasles; tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.Y cough; Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 17h.
County Tarrett	Registration Dist. No.
Village or City Shallman	
4	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Pearl Leona Riles	4
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATHQUE 1934 (Worth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
H1002 8 19/34	9-2010
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11: 50 m. 19
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particuler	were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this population (month and spent in this population).	Detacted Stacenta ans 18-34
9. Industry or business in which work was done as SILK MIII	10.0
work was done, as SILK MILL, SAW MILL, BANK, etc	Stillton
O 10. Date deceased last worked at this occupation (month and year)	
11-00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) And (State or country)	8 ma (1)
	o mo. Originado
E No contract of the contract	Name of constitute
X 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME BOARD E. Melani	23. If deeth was due to externel causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Sessie 6. Helson 16. BIRTHPLACE (city or town) Regarded.	Accident, suicide, or homicide?
(State or country) W. 7/a	Where did injury occur?
17. INFORMANT Charles E. Riley (Address) Shallman Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Cross, W. U. Datelleg: 20,1934	Nature of injury
19. UNDERTAKER Otha 7. Sharplers, (Address) 3/2: 19.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 8/19, 1934 A. G. Barrieb. Registrat.	(Signed) (A: B. Stidler M.D. (Address) Blance W/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car A	1 weck ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00490
1. PLACE OF DEATH	210-m
County Hanel	Registration Dist. No. / 66
Village or City Near Calland	No. St., Ward death accurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sand & Root	
(a) Residence: No. (Usual place of abode)	St., Ward. Pouglas, W/V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH any 20 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margante Blose.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on any 20 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10.00 Pm.
87, 6, 29 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Oate of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	Nypos lace hieranana
9: Industry or business in which work was done, as SILK MILL,	Bickey Red
SAW MILL, BANK, etc O. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	Causey
to to CI BIND	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town).	
II 13. NAME GEORGE ROOT	
14. BIRTHPLACE (city or town) W. V. C.	Nama of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Miss Genekart	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) W. Va = 10	Accident, suicide, or homicide? Geoidus Date of injury any 7, 1934
(Stata or country)	Where did injury occur? Jens are when
17. INFORMANT Demen 28 Proof (Address) 83 to Cumbrila & land	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Reises by Carstanabure
Bloke year Cennery Date 8 - , 22, 1934	Nature of Injury La served Reby V Coulers eyes
19. UNDERTAKER (Address)	24. Wes disease or injury in eny way related to occupation of decaased?
20. FILED 21 1934 Julia Rowan	(Signed) 7. J. Brown M. D.
Registrar.	(Address) Valva Russiana Provincia Gl. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
198			
Other contributory causes of importance:	Property.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	A
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19. UNDERTAKER
(Address)

(Signed) (Signed) (Address) (Address

24. Was disease or Injury In any way related to occupation of deceased?_____

Nature of injury

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerasis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ano Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08250
1. PLACE OF DEATH	47)
County Sarrett	Registration Dist. No. 163
Village or City New Germany:	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. , How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME George Samuel Sto	uneck
(a) Residence: No. /led/ Sermany (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thile Or DIVORCED (write the word)	21. DATE OF DEATH 3.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexee Ageston Handle	22. HEREBY CERTIFY. That I attended deceased from
acce Jugion Fainces	Tep 120 10 Cly 3 rd, 1934
6. DATE OF BIRTH (month, day, and yeer)	I last saw h alive on June 1939; deeth is seld
7. AGE. Yeers Months Days If LESS than I dey,hrs.	to have occurred on the date stated above at 2.2.2 Fam. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were es follows: Carcinomia of Pleura
Rind of work done, as SPINNER, farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	CAUCAMPILL OF TRANSCO
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Sarrett Co (Stete or country)	Other Contributory Causes of Importance.
13. NAME Silas Hainich -	i»
13. NAME Leas Hainech 14. BIRTHPLACE (city or town) Saneth Co.	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Martha Fazentaker 16. BIRTHPLACE (city or town) Janeth Co	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Janeth Co	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Stroley Harrich	Where did, injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sand Co. md	
Place Sauett Cs - Date aug - 6 , 1934	Menner of injury
19. UNDERTAKER A.S. Boal	24. Was diseese or injury in any way related to occupation of deceased?
20. FILED Lug lo , 1934 Dorsey Pattison	(Signed) M. M. Course
Registrar. If more blank are needed, address State Registrar.	(Address) Mullium - Manyland

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN